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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90082 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003880

1. Corporation Name

AWEDUCATION, INC.

Principal Place of Business

550 N.W. LEJEUNE ROAD
MIAMI FL 33126

Mailing Address

550 N.W. LEJEUNE ROAD
MIAMI FL 33126

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

WALL, NELSON C DR.
550 N.W. LEJEUNE ROAD
MIAMI FL 33126

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLINGER, SHIRLEY W MS.	1.2 NAME	
STREET ADDRESS	801 WILSON AVENUE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HANOVER PA 17331	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEUSHER, ROBERT L MR.	2.2 NAME	
STREET ADDRESS	306 S CHESTNUT	2.3 STREET ADDRESS	
CITY-STATE-ZIP	COLORADO SPRINGS CO 80905	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, WILLIAM MR.	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 560	3.3 STREET ADDRESS	
CITY-STATE-ZIP	OLEAN NY 14760	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARN, RICHARD L MR.	4.2 NAME	
STREET ADDRESS	995 N TURNER ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	YOUNGSTOWN OH 44551	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVERT, ERNEST D MR.	5.2 NAME	
STREET ADDRESS	POST OFFICE BOX 650003	5.3 STREET ADDRESS	
CITY-STATE-ZIP	DALLAS TX 75265-0003	5.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSAND, AMOS O MR.	6.2 NAME	
STREET ADDRESS	909 TOTTENHAM	6.3 STREET ADDRESS	
CITY-STATE-ZIP	BIRMINGHAM MI 48009	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)